



MOTOR CARRIER DIVISION  
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FUEL EXPORTER REPORT  
DUE THE 25TH OF EACH MONTH

Account No. \_\_\_\_\_

Report Period: \_\_\_\_\_

FEIN: \_\_\_\_\_

PLEASE PRINT OR TYPE

Name and Location Address:

Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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|   |  |
|---|--|
| 1. Total Gallons of Propane                 |  |
| 2. Total Gallons of Gasoline                |  |
| 3. Total Gallons of Gasohol                 |  |
| 4. Total Gallons of Kerosene                |  |
| 5. Total Gallons of Low Sulfur #1 Diesel    |  |
| 6. Total Gallons of Low Sulfur #2 Diesel    |  |
| 7. Total Gallons of Compressed Natural Gas  |  |
| 8. Total Gallons of High Sulfur Diesel Dyed |  |
| 9. Total Gallons of Low Sulfur Diesel Dyed  |  |
| 10. Total Gallons of Other product          |  |
| Total Gallons Exported (add lines 1 to 10)  |  |

Under penalties of perjury, I declare that, as Preparer, I have examined this report and to the best of my knowledge and belief, it is correct and complete.

PREPARER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_